



## VA Spina Bifida Healthcare Benefits

## Claim for Miscellaneous Expenses

Health Administration Center PO Box 65025 Denver CO 80206-9025 800 • 733 • 8387

General Instructions. This claim form is required for all claims for reimbursement of miscellaneous expenses related to the treatment of spina bifida and associated conditions. Regardless of the type of expense being claimed, completion of SECTIONS I, II, and V are mandatory. Completion of SECTION III is required only for claims involving prescriptions, medical supplies and over-the-counter medicines, while completion of SECTION IV is required only for claims involving travel. If additional space is required, continue on a separate sheet. Reimbursement for approved expenses (including attendant travel/miscellaneous expenses) will be made payable to the beneficiary.

## SECTION I - PATIENT INFORMATION

Patient Name (last, first, MI)	Address (street) <input type="checkbox"/> (check if new)	Social Security Number - -
	(city, state and zip code)	Telephone Number ( ) -

SECTION II - SPONSOR  
INFORMATION

Veteran's Name (last, first, MI)	Social Security Number - -
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## SECTION III - PRESCRIPTIONS, MEDICAL SUPPLIES AND OVER-THE-COUNTER MEDICINES

- Record on all receipts the diagnosis for which the drug/medicine/supply item was prescribed/required and attach receipts to claim form.
- If receipts are not itemized (a complete description, quantity, and price for each item), complete the following.

Description	Quantity	Date of purchase	Actual Cost
		/ /	\$
		/ /	\$
		/ /	\$

## SECTION IV - TRAVEL

Complete the following blocks and attach receipts for all expenses claimed (receipts for privately owned vehicle [POV] mileage excluded).

**Certification of Medical Service:** Required for all travel claims.

Date of Service: / /

Provider Tax ID No: \_\_\_\_\_

Provider signature certifying service on above date:  
\_\_\_\_\_

## Patient Travel Information

☐ Airline ☐ Taxi ☐ Bus ☐ Train ☐ Other (specify) \_\_\_\_\_

☐ POV-Total roundtrip mileage: \_\_\_\_\_

Departure (city & state): Date: / /

Arrival (city & state): Date: / /

Departure (city & state): Date: / /

Arrival (city & state): Date: / /

## Attendant Information

Name (last, first, MI): \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

## Patient/Attendant Miscellaneous Expenses

Meals: \$ \_\_\_\_\_

Lodging: \$ \_\_\_\_\_

Other (parking, tolls, etc.): \$ \_\_\_\_\_

## SECTION V - CERTIFICATION

Federal Laws (18 USC 287 and 1001) provide for criminal penalties for knowingly submitting or making any false, fictitious, or fraudulent statement of claim.

**RELEASE OF MEDICAL INFORMATION:** Signature in this section authorizes the patient's providers to release medical record documentation related to the services associated with this claim. This consent pertains to all medical records, including records related to treatment for psychological and psychiatric conditions, drug and alcohol abuse, acquired immune deficiency syndrome, human immunodeficiency virus infection, and sickle cell disease.

I certify that the above statements and attachments are correct and represent actual services, dates, and costs incurred.

Signature

Relationship

Date

/ /

**PRIVACY ACT:** This information is solicited under Title 38 USC; 44 USC 3101; 10 USC 1079 and 1085; CFR 101 and Executive Order 9397. Disclosure is voluntary, but failure to provide the information may result in delay and/or denial of future VA benefit claims. Failure to furnish this information will have no adverse impact on any other benefits to which you may be entitled.

**PAPERWORK REDUCTION ACT INFORMATION:** Public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestion for reducing the burden to VA Clearance Officer 9045A4), 810 Vermont Avenue NW, Washington DC 20420.